



**OKLAHOMA BOARD OF EXAMINERS FOR SPEECH-LANGUAGE
PATHOLOGY AND AUDIOLOGY**

3700 N Classen Blvd Ste. 248 Oklahoma City, OK. 73118
Oklahoma.gov/OBESPA

LICENSE VERIFICATION REQUEST

To Be Completed by Licensee Requesting a License Verification

COST FOR EACH VERIFICATION IS \$5.00 AND MUST ACCOMPANY THIS FORM

Your payment must be in the form of a check or money order made payable to OBESPA

LICENSEE'S INFORMATION

1. Licensee's Name:			2. Oklahoma License Number:		
_____	_____	_____	_____		
First	Last	Middle Int.			
3. License Type: (Check the one that is applicable)					
<input type="checkbox"/> Speech-Language Pathologist	<input type="checkbox"/> Speech-Language Pathology Assistant	<input type="checkbox"/> Clinical Fellow			
<input type="checkbox"/> Audiologist	<input type="checkbox"/> Audiology Assistant				
4. Licensee's Email Address:			5. Licensee's Phone Number:		
_____			_____		

VERIFICATION TO BE SENT TO:

6. Verification to be sent by:		
<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Fax
7. Entity/Agency Name:		

8. Entity/Agency Mailing Address:		

P.O. Box, Street Number, Street Name, City, State, Zip Code		
9. Entity/Agency Email Address:		10. Entity/Agency Fax Number:
_____		_____

Additional Information:

***FAILURE TO FILL OUT THIS FORM COMPLETELY WILL DELAY THE PROCESS OF YOUR REQUEST**